



**Effingham Local Tourism Grant Program
CLOSING REPORT
DUE 60 DAYS AFTER EVENT**

Name of Event/Project: _____

Date(s) of Event/Project: _____

Organization: _____

Contact Person: _____

Daytime Phone: _____ E-mail: _____

Amount of Grant Funds Received: _____

Number of Overnight Stays Generated: _____ Host Hotel (if applicable): _____

Number of Attendees: _____ Percentage of Attendees from Other Communities: _____

Dates for Next Year's Event: _____

Signature: _____



FOR OFFICE USE ONLY

File #: _____

Date Received: _____

Hotel Room Track: _____

Date Final Report Approved: _____

1. Describe the event:

2. Did the event generate the number of expected overnight stays? Why or why not?

3. Did the event have the attendance expected? If not, why?

4. Will this event be held again in Effingham?

Yes

No

5. How were the local grant funds expended? (Marketing, Transportation, Facility Rental, etc.)

6. How did you collect data to measure the results of your event/project?
(Event attendance, # of overnight stays, profile of attendees, etc.)

7. Does your organization plan to request funding again next year?
 Yes No

8. Attach a final itemized budget showing all costs associated with the event. Show both revenue and expenditures. Also, attach invoices for the expenditures where grant funds were used.

9. Attach marketing materials demonstrating how the Effingham Convention and Visitors Bureau was recognized, **as required by the grant guidelines.**

10. Attach any proof of overnight stays. (You should be asking attendees, participants, etc. in registration or at the event, if they are spending the night in an Effingham hotel.)

Please return this report to:
Effingham Tourism Department
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Effingham, IL 62401
jacksonj@ci.effingham.il.us
(217) 342-5305 -- Phone
(217) 342-4939 -- Fax